

04/26/01  
10796 U.S.Please type a plus sign (+) inside this box → 

PTO/SB/50 (1-00)

Approved for use through 09/30/00, OMB 0651-0033  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO

PTO

## REISSUE PATENT APPLICATION TRANSMITTAL

04/26/01  
09/845599

## Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	1211-RE
First Named Inventor	Buchanan, L.
Original Patent Number	5,897,316
Original Patent Issue Date (Month/Day/Year)	04/27/99
Express Mail Label No.	EJ028122605US

APPLICATION FOR REISSUE OF:  
(Check applicable box)

Utility Patent

Design Patent

Plant Patent

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PARTS

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56)<br>(Submit an original, and a duplicate for fee processing)  | 8. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119)<br>(if applicable)   |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.9 and 1.27.   | 9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 3. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)  | 10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration<br>(if applicable)   |
| 4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)   | 11. <input type="checkbox"/> Preliminary Amendment  |
| 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy)<br>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)<br><br>Original U.S. Patent  | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                         |
| 6. <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178)<br>(PTO/SB/53 or PTO/SB/54)<br><br>or<br><br><input type="checkbox"/> Ribboned Original Patent Grant  | 13. <input type="checkbox"/> Other: .....<br>.....<br>.....<br>.....  |
| <input type="checkbox"/> Statement of Loss (PTO/SB/55)   |   |
| 7. Original U.S. Patent currently assigned?<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><i>If Yes, check applicable box(es):</i><br><br><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)<br><input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney |   |

## 14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  or  Correspondence address below

Name			
Address	23711		
City	PATENT TRADEMARK OFFICE	State	Zip Code
Country	Telephone	Fax	

NAME (Print/Type)	Henry M. Bissell	Registration No. (Attorney/Agent)	19,200
Signature		Date	04/26/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.  
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

04/26/01  
JCT 96 U.S. PTO

4 - 30 - 01

Docket Number (Optional)

1211-RE

**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Claims as Filed - Part 1					Docket Number (Optional)			
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 36	Total Claims (37 CFR 1.16(j))	(B) 69	33 = x \$ =			x \$18 = 594.00	\$18	
(C) 2	Independent Claims (37 CFR 1.16(l))	(D) 5	3 = x \$ =			x \$80 = 240.00	\$80	
				Basic Fee (37 CFR 1.16(h)) \$		\$710.00		
				Total Filing Fee \$		OR \$1,544.00		
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	---	MINUS	--	= x \$ =		x \$ =		
Independent Claims (37 CFR 1.16(l))	---	MINUS	-----	= x \$ =		x \$ =		
				Total Additional Fee \$		OR \$		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  
\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  
\*\*\* After any cancellation of claims  
\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).  
\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-2465. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 1,544.00 to cover the filing / additional fee is enclosed.

April 26, 2001  
Date

  
Signature of Applicant, Attorney or Agent of Record

Henry M. Bissell  
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Practitioner's Docket No. 1211-RE

**PATENT**

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT  
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 5,897,316, filed on April 28, 1994, for the invention entitled ENDODONTIC TREATMENT SYSTEM

to the reissue application, the specification of which:

- is attached hereto.  
 was filed on \_\_\_\_\_, as reissue application number /

  
Signature of practitioner

Date: April 26, 2001

Henry M. Bissell  
(type or print name of practitioner)

Reg. No.: 19,200

P.O. Address

Tel. No.



Customer No.:

**23711**

PATENT TRADEMARK OFFICE

Express Mail Label NO.: EJ028122605US

Request for Transfer of Drawings from Original Patent to Reissue Application [17-9]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT</b>	Docket Number (Optional)  1211-RE
---	---

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)  Leonard Stephen Buchanan	
Patent Number  5,897,316	Date Patent Issued  April 27, 1999
Title of Invention  ENDODONTIC TREATMENT SYSTEM	

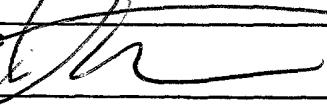
I am the inventor of the original patent.

I offer to surrender the original patent.

1.  Filed herein is a certificate under 37 CFR 3.73(b).
2.  Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature 	Date  April 20, 2001
--	----------------------------

Typed or printed name

Leonard Stephen Buchanan

The assignee owning an undivided interest in said original patent is \_\_\_\_\_, and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Signature of person signing for assignee	Date
--	------

Typed or printed name and title of person signing for assignee